MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034696
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2578

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

FILED AUG 23 1963

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Koch
Length of stay in Ib: 281 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Robert Koch Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4331 West Pine
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Madia Middle: Last: Weaver

4. DATE OF DEATH: Month: August Day: 10, Year: 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-6-90
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Johnny Dodd
13b. MOTHER'S MAIDEN NAME: Aletha Carter
14. NAME OF HUSBAND OR WIFE: C. B. Weaver - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates): no
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Records of Robt. Koch Hosp. - Koch, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause p...
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): (1) Acute pulmonary edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ASHD with failure
DUE TO (c): (2) Bronchopneumonia
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-2-62 to 8-10-63 and last saw her alive on 8-10-63
Death occurred at 6:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bernard Friedman M.D.
22b. ADDRESS: Robt. Koch Hosp. - Koch, Mo.
22c. DATE SIGNED: 8-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 8/13/63
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Bowling Green KY

24. FUNERAL DIRECTOR: JOHNSON FUNERAL HOME ADDRESS: BOWLING GREEN KY
25. DATE RECD. BY LOCAL REG.: 8/14/63
26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT

AMENDMENTS, ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4000		
2	21	9	12
3			
4	1		
5	2		
6			
7	1		
8	1		
9	4200		
10			
11			
12	41-0		
13			

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USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.